

Image# 14960866625

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Robert W. Goodlatte		
(b) Address (number and street) 5341 Fox Ridge Rd		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Roanoke VA 24018-8755		2. Candidate's FEC Identification Number H2VA06115
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House	6. State & District of Candidate VA 06	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) BOB GOODLATTE FOR CONGRESS COMMITTEE		
(b) Address (number and street) P.O. Box 292		
(c) City, State, and ZIP Code Roanoke VA 24002		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Virginia Redistricting Defense Fund (Wittman, Rigell, Forbes, Hurt, Goodlatte, Cantor & Griffith)		
(b) Address (number and street) 25 E. Main Street		
(c) City, State, and ZIP Code Richmond VA 23219-2109		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Robert W. Goodlatte	Date 04/25/2014
[Electronically Filed]	

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Goodlatte Victory Committee

(b) Address (number and street)

228 S Washington Street  
#115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code